

Special Event Permit # SPE2023-00061

Issue Date: 06/12/2023 Issued by: SSPAIN

Special Event Permit Type:

Concert

Organization Name:

Mother's Brewing Co

Event Name:

MU School of Health Professions Alumni Event

Estimated Attendance:

200

Event Start Event End

From

To

06/29/2023 06/29/2023

05:00 PM

10:00 PM

Location:

Mother's Brewing Company

Address:

215 S GRANT AVE SPRINGFIELD MO 65806

Conditions:

Department

Description

Building Development

Services

Building Development Services has no objection to issuing an amplified sound

permit.

Fire

Approved Fire Access Lanes must be maintained.

Create an Emergency Action Plan (EAP) to be communicated to all staff members working at the event. The EAP covers situations such as, but not limited to, inclement weather or violent acts occurring during the event. Questions regarding this requirement can be directed to Battalion Chief

Daniel Tscherny, Bureau Of Fire Prevention, at 417-874-2348 or by email at

dtschern@springfieldmo.gov

Business Licensing

Zoned within 500' of R-SF, an amplified Sound Permit will be required. Licensing

has no issue with the permit with BDS's approval.

Public Information Office

Event will be held on private property.

Police

No officers needed for event.

PW Grounds

No Conditions Noted

PW Traffic Management

No Conditions Noted

City of Springfield Special Event On-Line Application

Special Event #	SPF2023-000		, ola.	ТЕШОТОРЫ		Ctort Date: 06/20/2022	
Title: MU School	NAME OF TAXABLE PARTY.	A STATE OF THE PARTY OF THE PAR	Event			Start Date: 06/29/2023	
Role: APPLICAL							
Site-Property A	ddress:						
Address Descri 215 S GRANT A	i <u>ption (Additior</u> ∖∨E	nal information	i.e. Suite or Bu	ilding Numbe	<u>er</u> :		
			Event Inf	ormation			
Organization	Information						
Organization Name: Mother's Brewing Co				Phone: 41	72348534		
Address: 215 S GRANT AVE,						gnor@mothersbrewing.com	
	City: Springfield		State: MO	Zip: 65806	Website:		
Primary Con							
Name: Amy T	ignor		Phone	: 4178620423	Email:	atignor@mothersbrewing.com	
Secondary C							
Name: Amy T	ignor		Phone	: 4178620423	Email:	atignor@mothersbrewing.com	
Event Dates a	and Times						
		F4 0 - 4	Event				
Event Starts	Event Ends	Event Setup Starts	Teardown Ends	Alternate Da	ite		
6/29/2023 5:00:00 PM	6/29/2023 10:00:00 PM	6/29/2023 2:00:00 PM	6/30/2023 5:00:00 PM				
Event Type							
☐ Block Party	y 📝 Cond	cert	Festival				
Fireworks	If checked, Fir	eworks require	a permit.				
Parade	☐ Prote	est					
☐ Pub Crawl							
 All participa 	l Ordinance No. 619 ating establishments icades with 'Road Cl	must hold a curren	t occupational liquo	r license.	at required locati	ons.	
Rally	Run		Walk				
Other	If "Other" plea	ase Describe:					
Previous Event	Held On:						
Location of Pre	vious Event:						
			Event O	perations	0.500		
Description of A	ctivities:			pose of Event	(Please be sp	ecific):	
Amplified live music				1U School of Health Professions Alumni Event			
✓ I will upload a site map in the attachments.				This event be open to the public.			
Estimated Attendance Per Day: 200				This event is by invitation only.			

Registration for attendance is required.	This event includes fundraising.					
What is the cost of admission? \$0.00						
Organization(s) benefiting from the event:						
Percentage of Profits donated: 0%						
Use of Streets, Sidewalks, or Public Property						
Event is on Private Property Only						
	and O (16 also also de Hald Hamada and O adifferents of					
Insurance are required)	Does event include use of streets, sidewalks, or public property? (If checked, Hold Harmless and Certificate of Insurance are required)					
I will attach a Hold Harmless Agreement on the Attachments page. A hold harmless is required if an event will use City property or right of way.						
I will attach a Certificate of Insurance on the Attachments pa	I will attach a Certificate of Insurance on the Attachments page.					
Certificate of Insurance:						
 General Liability Insurance minimum of \$1,000,000 Additional Insured Column and Per Occurrence must be m City of Springfield must be listed as the 'Additional Insured Certificate Holder: City of Springfield, Risk Management, 8 	d'					
Your event may qualify for insurance through the TULIP Program						
party' users of various venues and facilities for events. It protects may be injured as a result of attending the event.						
Street use and/or Street Closure Required						
☐ I will attach a Route Map on the Attachments page. Route M	Map is required for streets and / or sidewalks use.					
 Traffic Management will determine barricade quantities and signage required for street closures. It is the responsibility of the event organizer to provide and place the barricades for the event. The number of traffic safety officers required is based upon the approved route map determined. If officers are required, event applicant is responsible for the hiring of officers, and if applicable, providing work comp insurance. 						
This event uses the Expo Lot.						
Use of the vacant lot at 735 E. Trafficway, requires a \$1,000 rental contract, certificate of insurance for a \$1 million general liability policy naming the City as an additional insured and the completion of a hold harmless agreement for any action arising out of your use of the property.						
This event uses a Park or Park Facility.						
 If this event will take place solely in a Springfield-Greene C facilities. 	County Park, please call 417-864-1049 to reserve the park					
Event Food	and Alcohol					
Food will be prepared, served or sold.						
If checked, please, check all that apply:						
Pre-packaged food only	Food prepared on-site					
Use of gas or charcoal grill	Mobile food trucks					
Participating Food Vendor/Food Truck Information						
Number of anticipated food vendors and/or mobile food trucks? 0						

Name	Address	Phone	Email	Springfield Business License			
Unsure of Food \ least 30 days in a public.	/endor/Food Trucks at this t advance who all food vendor	ime, however I agre	ee to notify the Health D they are permitted to pr	epartment (417-864-1017) at epare and serve food to the			
Alcohol Usage							
Alcoholic beverage	ges will be available at this e	event.					
If alcohol is to be sold	or served on private proper	ty:					
	/picnic application on the fo permit and the City of Sprin			ssouri will issue the			
If alcohol is to be sold apply:	or served on City property,	additional restriction	ns				
Attach catering, catering/picnic Permission to s \$1,000,000 Liqu A third-party ag	Icohol Ordinance and note, /picnic application on the for permit and the City of Spring erve alcohol must be requestor liability is required with the greement may be required.	ollowing Attachment gfield will issue a ca sted. he City of Springfiel	is page. The State of Mi tering letter. d listed as the additiona	al insured.			
	List businesses or organizations that will be responsible for obtaining any necessary liquor permits (such as catering/picnic permit from the State of Missouri and a catering letter from the City of Springfield)						
Name	Address	Phone	Email	Springfield Business License			
	 If alcohol is to be consumed on City property, additional restrictions may apply. I will attach proof of Liquor Liability Insurance on the Attachments page. 						
	E	vent Merchand	ise Sales				
☐ This event will ha	ve vendors advertising good	ds or services.					
Business Contac	t Information						
Business Name	Address	Phone	Email	Springfield Business License			
Unsure of Vendo	rs at this time.						
	Even	t Miscellaneous	Information				
_	ve amplified sound and/or e						
	stem means any radio, tapo vice used for the amplification		isc player, public addre	ss system, amplifier, loudspeaker			
	ce means a radio, televisior any other similar sound-pro			er digital player, phonograph,			
Performance Info	rmation						
	6/29/2023 6:30:00 PM	End of Perf	ormance: 6/29/2023 9:	30:00 PM			
	North side of backyard						
Electrical Usage							
This event will ne	ed access to electricity.	☐ This eve	ent will use a generator.				

Tent Usage					
✓ This event will use tents. Number of Tents: 0					
Specify tent Placement Location:					
Porta Pots/Restroom Facilities					
This event will use Porta Pots/Restroom Facilities.					
Facilities Contact Information					
Business Name: Mother's Brewing Co - Springfield, MO	Adress: PO Box 88				
Phone:	Email:				
Springfield Business License #:	Number of units?: 0				
Facility placement Date/Time:	Facility removal Date/Time:				
Trash Removal					
Describe your plans for event trash removal.					
We will use existing services					
Dumpster Usage					
☐ This event will use dumpsters. Number of dumpst	ers 0				
Location of Dumpster(s)					
Business Contact Information (Dumpsters)					
Business Name:	Address:				
Phone:	Email:				
Springfield Business License #:					
Dumpster placement Date/Time:	Dumpster removal Date/Time:				
Race Timekeeper Information					
Timekeeper Name:	Adress:				
Phone:	Email:				
Food Vendor Wastewater Disposal					
Describe your plans for food-vendor wastewater disposal.	. indicate "NA" if no food is to be served.				
Caterer will use our existing wastewater set up					
Security					
This event will use private security.					
 Private security service cannot be used for traffic sa 	afety.				
Applicant is responsible for security of personnel during the event.					
• The number of security officers or police officers will be determined by the Springfield Police Department based on the					
 nature of the event. Contact the Police Department at 417-864-1727 for questions or clarification. 					
J10.7	ed and utilized for traffic safety, workers compensation insurance				
coverage will be required.	and annual annual street, workers compensation insurance				
Security Company Contact Information:					
Business Name:	Address:				
Phone:	Email:				
Springfield Business License #:					

Medical Service	
This event will use emergency medical service.	
Emergency Medical Service Contact Information:	
Business Name: Address:	
Phone: Email:	
Springfield Business License #:	
Inclement Weather	
What is the inclement weather contingency plan and how will inclement weather contingency plans be communicated to staff and/or volunteers?	event
Acknowledgements	
Insurance	
I agree to provide a certificate of liability insurance in the amount of \$1,000,000 per person, \$1,000,000 in the aggregat naming the City of Springfield as an additional named insured, with appropriate endorsements as required by the City.	e,
If liquor is provided or served on City property the liquor license holder must provide liquor liability insurance in the amo \$1,000,000 per occurrence, naming the City of Springfield as additional insured. Event sponsor will provide a copy of the liquor liability certificate of insurance to the City.	
If Springfield Police Department officers are required and utilized for traffic safety, \$1,000,000 workers compensation insurance coverage will be required.	
I have read and understand the potential insurance requirements stated above.	
CLEAN UP	
I agree to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such clean not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual tirexpense incurred (bond or cash security may be required if attendance exceeds 1,000 persons).	n up is ne and
☑ I have read and understand the clean up requirements stated above.	
CITY CODES / PERMITS	
I agree that this event shall be conducted in an orderly manner with due regard for the convenience of the general publ with as little interference as possible with vehicles and movement of traffic. All lawful orders from police officers assisting the event shall be followed. Applicant has received and read a copy of Section 36-485 of the City's Zoning Ordinance pertaining to Noise Standards. Applicant agrees to abide by all conditions as specified in the ordinance. Applicant also to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other condition the City Manager determines necessary.	g with agrees
✓ I have read and understand the city code / permit requirements stated above.	
INDEMNITY	
Most permits require a "Hold Harmless Agreement" to be submitted and signed with the city. This means applicant will indemnify and hold the City of Springfield harmless from and against all claims, losses, and liability arising out of person injuries, including death, and damage to property which are caused by Applicant, or arising out of or in any way connect with the activities conducted pursuant to this application.	nal
☑ I have read and understand the potential need for the "Hold Harmless Agreement.	
CONDUCT / NUISANCES	
Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical tractivity engaged in created a nuisance and may ask for a review of such determination. The Special Event Permit Coor in the Department of Public Information must be informed of any changes to the information provided in this document the site map.	hat the dinator
■ I have read and understand the city conduct / nuisance requirements stated above	

Signature

By checking this box and typing my name below, I am electronically submitting my signature.

First Name

Middle Initial

Last Name

Amy

Tignor

If you have questions regarding an event or this application, please contact Sharon Spain, Special Event Permit Coordinator, in the Department of Public Information, at 417-864-1105 or sspain@springfieldmo.gov.